



**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 01/01/2014 To 10/19/14
Mo Day Year Mo Day Year

1. Committee I.D. Number
150677-0

4. Committee's Mailing Address
P O BOX 775

2. Committee Name
SUPPORT YOUR MUSEUM

BAY CITY MI 48707
Area Code and Phone

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address
STEWART REID
2196 OLD HICKORY DR

BAY CITY MI 48706
Area Code and Phone (989) 922-6447

Driver License # (Optional)

6. Treasurer's Business Address

Area Code and Phone

7. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

Area Code and Phone

Driver License # (Optional)

8. TYPE OF STATEMENT:

8a. ☒ PRE - ELECTION
OR
8b. ☐ POST - ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY ☒ GENERAL
☐ SCHOOL ☐ SPECIAL

Date of Election:

11/04/2014
Month Day Year

8c. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8d. ☐ QUALIFICATION
OR

☐ NON-QUALIFICATION STATEMENT
(Required of State-wide Ballot Question Committees Only)

Date of Qualification or Non-Qualification:

Month Day Year

8e. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c, 8d, or 8f to indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. **Note:** The disposition of residual funds must be reported on Schedule 4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Recordkeeper

STEWART REID

Type of Print Name

Signature

Date

10/20/2014

Month Day Year

Rec'd 10/20/2014 81



**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150677-0

2. Committee Name SUPPORT YOUR MUSEUM

RECEIPTS

	Column I This Period	Column II Cumulative for Election
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>1152.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1152.00</u>	(18.) \$ <u>1152.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>1152.00</u>	(20.) \$ <u>1152.00</u>

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>0.00</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>

EXPENDITURES

8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>202.88</u>	
b. Itemized Get-Out-the Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>20.12</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>223.00</u>	(22.) \$ <u>223.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>223.00</u>	(24.) \$ <u>223.00</u>

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
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DEBTS AND OBLIGATIONS

12. Debts and Obligations	
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>50.00</u>
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>1152.00</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1202.00</u>
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>223.00</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>979.00</u> *

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150677-0

2. Committee Name SUPPORT YOUR MUSEUM

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name: STEWART REID Address: 2196 OLD HICKORY DR BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser</p>	2.00	2.00
<p>3. Contribution # 2 Name: JANICE VAN NOSTRAND Address: 708 N CHILSON BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser</p>	50.00	50.00
<p>3. Contribution # 3 Name: JULIE WEILER Address: 2473 DEWYSE RD BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>N/A</u> <u>N/A MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser</p>	150.00	150.00
<p>3. Contribution # 4 Name: LEOPOLD BORRELLO Address: 79 N TUSCOLA RD BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser</p>	50.00	50.00
<p>Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)</p>		252.00

Enter this total
on line 3a of
Summary
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150677-0

2. Committee Name SUPPORT YOUR MUSEUM

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>5</u> 4. Date of Receipt <u>08/28/2014</u></p> <p>Name: JUDITH JEFFERS Address: 2326 BAY WOODS CT BAY CITY MI 48706</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>N/A</u> <u>N/A MI 48708</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser</p>	200.00	200.00
<p>3. Contribution # <u>6</u> 4. Date of Receipt <u>08/28/2014</u></p> <p>Name: DIANE WAGER Address: 123 CENTER BAY CITY MI 48708</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser</p>	100.00	100.00
<p>3. Contribution # <u>7</u> 4. Date of Receipt <u>09/22/2014</u></p> <p>Name: WENDY ADAMCZYK Address: 605 W MIDLAND ST BAY CITY MI 48706</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY VOLUNTEER</u> Employer <u>NONE</u> Business Address <u>N/A</u> <u>N/A MI 48708</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser</p>	200.00	200.00
<p>3. Contribution # <u>8</u> 4. Date of Receipt <u>09/22/2014</u></p> <p>Name: MICHAEL HALSTEAD Address: 2322 BAY WOODS CT BAY CITY MI 48706</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser</p>	100.00	100.00
<p>Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)</p>		600.00

Enter this total
on line 3a of
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150677-0

2. Committee Name SUPPORT YOUR MUSEUM

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election for Each
Contributor (Through
date of receipt)

3. Contribution # 9
Name: RON BLOOMFIELD
Address:
1322 E BEAVER

4. Date of Receipt 10/01/2014

100.00

100.00

KAWKAWLIN MI 48631

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fundraiser

3. Contribution # 10
Name: STEPHEN KENT
Address:
600 W MIDLAND

4. Date of Receipt 10/01/2014

100.00

100.00

BAY CITY MI 48706

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fundraiser

3. Contribution # 11
Name: HEFFREY STAUDACHER
Address:
397 RIVER

4. Date of Receipt 10/17/2014

100.00

100.00

BAY CITY MI 48706

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fundraiser

Page Subtotal
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

300.00

1152.00

Enter this total
on line 3a of
Summary
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I.D Number 150677-0
2. Committee Name SUPPORT YOUR MUSEUM

3. Name and address of person to whom paid	4. State purpose of expenditure and you may assign an expenditure code 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name : MICHAEL WEILER Address: 2473 DEWYSE BAY CITY MI 48708 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>REIMBURSEMENT FOR PRINTING</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	09/24/2014	99.00	Memo - itemization below
Expenditure # 2 Name : US POST OFFICE Address: 595 PINE RD BAY CITY MI 48708 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>POSTAGE</u> Expenditure Code: <u>OE</u> 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	09/24/2014	(49.00)	Memo - itemization
Expenditure # 3 Name : THUMB PRINT Address: 814 ADAMS ST BAY CITY MI 48708 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>PRINTING</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	09/24/2014	(50.00)	Memo - itemization
Expenditure # 4 Name : BAY CITY DEMOCRAT Address: P O BOX 278 BAY CITY MI 48708 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: Expenditure Code: _____ 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	10/17/2014	103.88	

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule)

202.88

202.88

Enter this total
on line 8a of
the Summary
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